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CONFIRMATION NO. 4670

<b>SERIAL NUMBER</b> 10/090,206	<b>FILING OR 371(c) DATE</b> 03/01/2002 <b>RULE</b>	<b>CLASS</b> 725	<b>GROUP ART UNIT</b> 2623	<b>ATTORNEY DOCKET NO.</b> ISURFTV160
<b>APPLICANTS</b> Brian Kohne, San Jose, CA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/008,229 11/30/2001 which claims benefit of 60/273,101 03/02/2001 <i>CIP of 10/085,886, 03/01/2002, claims benefit of 60/273,102 03/02/2001</i>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/12/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>[Signature]</i> Initials <i>SKH</i>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 20
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 52940				
<b>TITLE</b> Method and system for interactive programming guide background selection				
<b>FILING FEE RECEIVED</b> 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	